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KENT COUNTY COUNCIL.

Annual Report

OF THE

MEDICAL OFFICER OF HEALTH

For the Year 1943

BY

CONSTANT PONDER, M.A., M.D., D.P.H.

County Medical Officer of Health.

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To the Chairman and Members of the Kent County Council.

MY LORDS, LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report on the Public Health and Sanitary conditions in the Administrative County of Kent for the year ended December 31st, 1943. The Report is again subject to necessary war time restrictions.

In spite of difficulties through circumstances arising from the war, it may be said that, with few exceptions, the work has proceeded smoothly and essential developments of the Department have taken place.

One very serious exception is concerned with the provision of hospital accommodation for patients suffering from pulmonary tuberculosis. This matter has given rise to grave concern and has been the subject of frequent reports to the Public Health Committee. Owing to the shortage of staff for nursing patients suffering from pulmonary tuberculosis, a long waiting list has been created, so that patients who need treatment in hospital or sanatorium may have to wait several months before they can be admitted. This not only results in severe hardship on patients and relatives but may set up the vicious circle whereby additional persons become infected through contact with the patient. Every possible step has been taken by the Public Health Committee to meet this position, but the problem can be simply stated. There are at the present moment empty beds which are available for the treatment of patients suffering from pulmonary tuberculosis if the staff could be found to do the necessary nursing.

In this connexion, I consider it is unfortunate that there is no recognition by the General Nursing Council of nurses who have been, or are being, trained in the nursing of patients suffering from tuberculosis. Although the desirability of keeping the number of supplementary parts of the Nursing Register to a minimum can be recognised, it is nevertheless strange that the importance of specialist nursing of a disease which is so dangerous to the community should not be recognised.

Although not primarily the concern of the Public Health Committee, I should like to point out that a serious shortage of nurses also exists for the care of the chronic sick ; and here again there are empty beds which could be made available for the reception of patients if the staff could be found.

The work of the section of the Public Health Department dealing with hospital and institutional services continues to grow and in the body of the Report an important reference is made to the terms and conditions upon which grants may be made by the County Council to voluntary hospitals. These arrangements, originally framed during the early months of the war, are, of course, a temporary expedient to ensure that help from County funds is forthcoming to permit voluntary hospitals to continue their work should financial difficulties threaten to impair their usefulness to the public. When a co-ordinated hospital service comes into being on some such lines as are indicated in the Government's White Paper on a National Health Service, the experience gained from implementing the Council's policy will be of very great value.

In the maternity and child welfare activities of the Department normal peace-time work has been continued and extra responsibilities have been imposed by the setting up of residential and day nurseries. These nurseries have been highly successful.

I would like to write shortly on the pathological services provided by the County Council. Some Members will know that the County Laboratory has been in existence since 1911, that it provides a service which few Counties gave previous to the war and the work done includes a larger variety of undertakings than any other municipal laboratory in the country. Since the war an Emergency Scheme has been developed at the instigation of the Ministry of Health to cover the whole country, but Kent has retained a service which is largely independent and which again allows a much wider field of investigation into disease than laboratories in the Emergency Scheme. I would recommend most strongly that this autonomy should be retained. After many years of experience of its working I can speak most confidently of the value of having a laboratory working in close co-operation with all the officers in the Department and providing facilities for the County Medical Officer to send a pathologist to carry out field work in connexion with any threatened or actual epidemic. I do not believe that such close co-operation is possible in a national scheme.

Public Health laboratories are sometimes criticised for giving only a " postal service " (meaning that the pathologist does not come in direct contact with the patient). To a certain extent this statement is not true ; the pathologists see many patients at the laboratory and elsewhere and also discuss pathological problems with clinicians at their weekly visit to the hospitals. However, surely, in a rural county such as Kent, diagnosis must be made to a large extent in present circumstances on postal specimens ; otherwise the time of a very large staff of pathologists would be employed and it is not possible for many years for such a development to take place either as a consultant service based on hospitals or in any other way. I hope, therefore, that the County Medical Officer will always be able to administer the central laboratory and that further developments of a pathological service associated with the central laboratory will take place as part of a co-ordinated Hospital Scheme and not as part of a National Laboratory Service.

I think it is not inappropriate to say that circumstances arising from the war have called for a high standard and flexibility in the organisation and administration of the County health services. In the difficult circumstances which have obtained during the past few years I am most grateful for the support which has always been given to me by the Public Health Committee. The staff of the Department has increased considerably, and with the appropriation of Public Assistance hospitals for Public Health purposes the responsibilities of administration have been greatly increased. To my staff I owe, indeed, a very great debt for their loyal and unswerving devotion to duty, and I feel I must pay a tribute to senior officers and their staffs in other departments with whom we have worked in close association. In particular, I should like to express my thanks to Mr. D. H. Lightfoot, the member of the staff of the Clerk of the Council who acts as committee clerk to the Public Health Committee : throughout the years that I have been County Medical Officer I have always been most indebted to Mr. Lightfoot for his never-failing resource and assistance.

I am, Yours obediently,

CONSTANT PONDER,
County Medical Officer.

KENT COUNTY COUNCIL

PUBLIC HEALTH COMMITTEE

The Committee reports to the County Council on all matters concerning the Public Health. Its constitution as at 1st October, 1944, was as follows :—

BARLAS, MRS. E. G. M.	LARKING, C. G.
BLACKMAN, E. R.	MORGAN, The Rev. S. J. W.
BURGES, The Rev. R.	NEWMAN, W.
COLTHUP, W. (Chairman of the Finance Committee).	PRESTEDGE, T. H.
ELGOOD, C. A. (Chairman of the Committee).	PYM, MAJOR C. E., C.B.E., (Vice-Chairman of the County Council).
HARDY, EDWARD (Chairman of the County Council).	RENTON, Dr. M. W.
HASLUCK, E. L.	RULE, R. W.
HEILBRON, LT-COL. E. J.	SKINNER, J. E.
HODES, F. P.	SMITH, LT.-COL. C. A. Johnstone, (Vice-Chairman of the Committee).
HOLNESS, A. H.	STORER, H. N.
IGGLESDEN, SIR CHARLES.	WEBB, G.
KIRBY, MAJOR M. T., D.S.O.	WIGAN, MISS E. J.

Persons who are not Members of the Council :—

Mrs. E. E. FRENCH, of Springfield, Newington, Sittingbourne.
 J. E. FRENCH, of Springfield, Newington, Sittingbourne.
 Mrs. A. E. OSBORNE, of North End House, Southfleet.
 Mrs. A. Y. SPURRELL, of "Dornhurst," Dunton Green.

CLERK OF THE COUNTY COUNCIL AND CLERK OF THE PUBLIC HEALTH COMMITTEE AND ITS SUB-COMMITTEES :—W. L. Platts.

ANNUAL REPORT

Section A

VITAL STATISTICS.

POPULATION.—The estimated total population for the year 1943 of the urban districts was 897,500 : and of the rural districts 271,900.

BIRTHS.—The births of 21,355 living children were registered in 1943, an increase of 646 on the previous year's total. The total was made up of 10,945 males and 10,410 females.

The excess of births over deaths was 6,288,—3,430 males, 2,858 females.

The birth-rates for the year were 18.6 for the urban districts, 17.4 for the rural districts, and 18.3 for the County as a whole. Each of these figures shows a noticeable increase over the preceding year. The figure for England and Wales was 16.5.

STILL-BIRTHS.—Still births recorded during the year totalled 565—28 less than in the previous year. The number in each sanitary district is shown in the Tables 6 and 7 at the end of the report.

The rate of still-births in the county, per thousand of the population, was 0.49, which compares favourably with the rates for England and Wales (0.51), the 126 great towns (0.63) and the 148 smaller towns (0.61). The rate in the urban areas was 0.50, and in the rural areas 0.46.

INFANTILE MORTALITY.—Infantile death-rate was 40 per thousand births. The urban figure was 41, the rural rate was 37. The rates in the different sanitary districts will be found in Tables 6 and 7 at the end of this report. The county figure compares well with the recorded rates for England and Wales (49) and the great towns (58).

DEATHS.—The net number of deaths registered in the county was 15,067 : and the allocation of deaths to individual areas results in crude death-rates of 13.0 for the urban areas, 12.6 for the rural districts and 12.9 for the whole county. The rate for England and Wales was 12.1.

ZYMOTIC MORTALITY.—The following tabulation gives particulars relative to the prevalence of, and the mortality from, the seven chief zymotic diseases in Kent during 1943. The figures relate to the civil population only ; and the table shows (for purposes of comparison) the mortality record in the whole of England and Wales during the same period :—

DISEASE.	Number of Cases.	Number of Deaths.	Rates of Deaths.		Death-rate in England and Wales in 1943 per 1,000 living persons.
			Per 100 persons attacked.	Per 1,000 persons living	
Small-pox	None	None	—	—	—
Scarlet Fever	4,151	3	0.073	0.003	0.00
Diphtheria and Membranous Croup	379	26	6.861	0.023	0.03
Enteric, Typhus and Continued Fevers	38	3	7.895	0.003	0.00
Measles and Rubella... ..	11,675	18	0.155	0.016	0.02
Whooping-cough	1,801	22	1.222	0.019	0.03
Diarrhoea, including Enteritis (under two years)	Not notifiable	107	?	5.011	5.3*
Totals	—	179	—	0.154	—

*The figures relating to diarrhoea have reference to children dying under two years of age, per thousand births.

NOTIFIABLE INFECTIOUS DISEASES.

The number of notifications of infectious diseases in each of the sanitary districts in Kent is shown in Tables 8 and 9 at the end of this report.

The following is a summary of the death-rates, and the numbers of notifications of small-pox, scarlet fever, diphtheria and enteric fever during the past ten years, and the death rates from measles and whooping cough during the same period :—

Year.	1934.	1935.	1936.	1937.	1938.	1939.	1940.	1941.	1942.	1943	
										Kent.	England and Wales
Small-pox cases	0	0	0	0	4	0	0	0	0	0	
Death-rate ...	<i>nil.</i>	<i>nil.</i>	<i>nil.</i>	<i>nil.</i>	0.002	<i>nil.</i>	<i>nil.</i>	<i>nil.</i>	<i>nil.</i>	<i>nil.</i>	<i>nil.</i>
Scarlet Fever Cases ...	4,158	2,670	2,339	2,423	2,913	2,721	1,293	1,214	2,431	4,151	
Death-rate ...	0.03	0.01	0.02	0.02	0.008	0.005	0.003	0.001	0.003	0.003	0.00
Diphtheria Cases ...	1,521	1,248	768	1,109	1,361	951	527	517	444	379	
Death-rate ...	0.06	0.05	0.03	0.03	0.042	0.017	0.026	0.023	0.019	0.023	0.03
Enteric Fever Cases ...	33	59	62	60	54	47	48	107	18	38	
Death-rate ...	0.005	0.004	0.006	0.004	0.003	0.003	0.004	0.002	0.003	0.003	0.00
Measles Cases ...		<i>Not notifiable</i>					2972	17094	9354	11675	
Death-rate ...	0.038	0.010	0.052	0.002	0.032	0.001	0.003	0.019	0.003	0.016	0.02
Whooping Cough Cases ...		<i>Not notifiable</i>					380	5148	2917	1801	
Death-rate ...	0.035	0.014	0.038	0.033	0.008	0.026	0.007	0.054	0.025	0.019	0.03

SCARLET FEVER.—The notifications totalled 4,151, which represents an incidence rate of 3.56 per thousand. As in the previous year, there were three deaths from the disease.

DIPHTHERIA.—Notifications fell to 379, the lowest figure for many years, with an incidence rate of 0.33. There were 26 deaths, giving a death rate of 0.023.

There is now an immunisation scheme in every district in the county, and from the references in the annual reports of the districts it would appear that thousands of children are now being immunised each year, despite war-time conditions. The average proportion of immunised children under fifteen years of age is very good, and several districts show figures as high as 70, 80 and 90 per cent.

ENTERIC FEVER.—Thirty-eight cases were notified, with a death rate of 0.003 as in the previous year.

MEASLES.—There were 11,675 notifications, with 18 deaths. Tables 8 and 9 at the end of the report show the incidence in each district.

WHOOPIING-COUGH.—Notifications totalled 1,801, and there were 22 deaths. Cases occurring in each district are shown in Tables 8 and 9.

NON-NOTIFIABLE DISEASES.

Mortality rates per thousand of the civil population, from influenza and diarrhoea during the past ten years :—

Year.	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	
										Kent	England and Wales
Influenza	0·134	0·139	0·121	0·390	0·127	0·209	0·192	0·155	0·082	0·316	0·37
Diarrhoea	4·935 0·071	4·244 0·063	3·072 0·045	5·588 0·082	4·210 0·063	3·420 0·052	3·095 0·047	3·235 0·049	3·864 0·069	5·011 0·092	5·3 —

INFLUENZA.—Deaths from this disease rose from 95 in 1942 to 369 in 1943 : and the death-rate of 0·316 is markedly above the average for some years past.

DIARRHŒA.—Of the 107 deaths under two years of age, ninety-three occurred in urban districts and fourteen in rural areas.

The death rates shown in the above tabulation relate to children dying under two years of age per 1000 births (upper figure), and per 1000 of the population (lower figure).

CANCER.—The following tabulation shows the mortality from cancer recorded in Kent during the past ten years :—

Kent.	1934.	1935.	1936.	1937.	1938.	1939.	1940.	1941.	1942.	1943.
URBAN.										
No. of Deaths ...	1,520	1,715	1,732	1,661	1,889	1,833	1,801	1,766	1,804	1,845
Death-rate ...	1·57	1·68	1·64	1·54	1·72	1·66	1·79	2·01	2·02	2·06
RURAL.										
No. of Deaths ...	498	449	487	485	479	511	480	513	486	566
Death-rate ...	1·61	1·61	1·75	1·73	1·70	1·71	1·55	1·80	1·77	2·09
TOTAL.										
No. of Deaths ...	2,018	2,164	2,219	2,146	2,368	2,344	2,281	2,279	2,290	2,411
Death-rate ...	1·58	1·67	1·67	1·58	1·71	1·67	1·73	1·96	1·96	2·07
England and Wales.										
Death-rate ...	1·56	1·59	1·63	1·64	1·67	1·67	1·72	1·78	1·84	1·90

The age and sex distribution of the deaths, during the same period of ten years, is as follows :—

		All ages.	0-1.	1-2.	2-5.	5-15.	15-25.	25-45.	45-65.	65 up- wards.
1934.	(M. ...	922	—	—	2	2	4	40	358	516
	(F. ...	1,096	—	—	1	5	1	81	437	571
1935.	(M. ...	1,038	2	1	1	—	4	42	419	569
	(F. ...	1,126	—	—	1	3	3	84	429	606
1936.	(M. ...	1,023	—	—	1	3	6	51	390	572
	(F. ...	1,196	1	1	—	—	1	67	465	661
1937.	(M. ...	1,051	—	—	1	7	3	55	386	599
	(F. ...	1,095	1	—	—	3	5	66	433	587
1938.	(M. ...	1,095	—	1	1	—	6	50	427	610
	(F. ...	1,273	1	2	—	—	5	94	490	681
1939.	(M. ...	1,153	—	1	1	2	6	58	388	697
	(F. ...	1,191	—	—	1	2	4	82	472	630
1940.	(M. ...	1,111	—	2		2	64		416	627
	(F. ...	1,170	—	—		1	88		457	624
1941.	(M. ...	1,075	—	3		3	69		387	613
	(F. ...	1,204	—	1		4	112		437	650
1942.	(M. ...	1,156	—	2		4	72		411	667
	(F. ...	1,134	1	1		2	94		440	596
1943.	(M. ...	1,154	—	3		2	53		409	687
	(F. ...	1,257	1	—		—	90		468	698

Section C

MATERNITY AND CHILD WELFARE.

The County Council is the Welfare Authority in thirty-two out of fifty-six urban and rural districts, the Local Supervising Authority in fifty-four urban and rural districts and in twenty-three districts the Council is responsible for the registration of Nursing Homes.

The scope of the work of this section was set out in detail in my report for the year 1942 and the services were fully maintained during the year 1943.

GOVERNMENT EVACUATION SCHEME—EXPECTANT MOTHERS.—The number of women admitted to the four Hostels and the two Emergency Maternity Homes during the year 1943 is as follows :—

<i>Pre Natal Hostels.</i>				<i>Maternity Homes.</i>			
The Pavays, Langton	...	...	209	Northfield	...	...	301
Romford Farm House	...	...	220	22, Broadwater Down	...	...	422
13, Broadwater Down	...	...	347				
15, Broadwater Down	...	...	151				

DENTAL TREATMENT.—Clinics for the dental treatment of expectant and nursing mothers and children under school age are available in twenty-four districts in which the County Council is the Welfare Authority. More centres are required to meet the increasing demand for treatment but under existing conditions this is not possible. The following table shows the amount of work carried out during the year 1943 :—

	Total Attendances	Extractions	Fillings Inserted	Scalings	Gum Treatment	Dressings, etc.	Impressions	Bites	Try-ins	Patients fitted with Dentures	Dentures Fitted	Repaired	Re-made	Suction Disc.
Adults ...	6380	7769	869	359	186	174	1121	512	561	529	817	71	27	5
Children under school age...	778	663	391	—	—	296	—	—	—	—	—	—	—	—
TOTAL ...	7158	8432	1260	359	186	470	1121	512	561	529	817	71	27	5

Number of half-day sessions devoted to treatment	=	915½
" " attended by Anaesthetist	=	98
" general anaesthetics administered	=	799
" local " "	=	1830
Average daily attendance 15.6.		

It has been recognised that the organisation of a dental workshop where the appliances are made is a valuable part of the County Service. The Council's Dental Mechanical Workshop at Maidstone has, fortunately, carried on fully during the war in spite of the difficulty in obtaining an adequate supply of suitable materials. All mechanical dental work for patients under the County Maternity and Child Welfare Dental Scheme was undertaken during the year under review at this Workshop and, in addition, work was carried out on behalf of the Kent Education Committee and certain autonomous welfare authorities.

WAR-TIME NURSERIES—(a) *Day Nurseries*.—By the end of 1943 there were seven day nurseries in operation in the County area, one of which was being enlarged; two more were in course of preparation. Apart from the general difficulties in obtaining suitable staff, the establishments worked most satisfactorily and several had a waiting list of children at the end of the year. Medical examination of the children revealed a marked improvement in the general condition of those who had been at the nurseries for long periods. As might be expected, this improvement was most marked in the children of the lower wage earning groups and indicates the importance of a balanced diet, regular routine and extra sleep. Special attention has been paid to the educational side of the work and experience has shown how much happier the children, particularly the three to five year group, are when the staff includes members who are skilled in organising occupational play.

The success of the day nursery depends as much on understanding and meeting the mental and emotional needs of the children as in caring for their physical requirements. In appointing staff, as much importance should be attached to the qualities necessary for understanding and satisfying the needs of young children as to technical qualifications.

(b) *Residential Nurseries.*—Two residential nurseries had been established under the Government Evacuation Scheme—a long-stay one at Paddock Wood for 30 children and a short-stay one at Tonbridge for 10 children whose mothers had been admitted to maternity homes for confinement. Both these nurseries were used to capacity and the short-stay nursery fulfilled a great need by enabling expectant mothers to take advantage of the evacuation scheme.

As regards the residential nursery, the short-stay home is a necessary adjunct to a complete Maternity and Child Welfare service, in so far as it supplies the need for the temporary accommodation of young children during the illness of the mother or some other domestic crisis. It has been found, however, that even under the most ideal conditions the large residential nursery as a permanent home for young children has many disadvantages, the greatest of these being the deprivation of the child of one particular person to whom it can feel attached and who can act as a substitute for the mother. It is inevitable in a large establishment that there will be constant inter-changing of staff, and it would be extremely difficult to maintain for each child a satisfactory relationship with one specific member of the staff. It would appear, therefore, that where young children are to be cared for apart from their parents for any length of time, consideration will require to be given to other methods of dealing with the problem, that is, along lines which more nearly reproduce the conditions of family life.

MINISTRY OF HEALTH CIRCULAR 2831, 2ND JULY, 1943—INFESTATION BY HEAD LICE.—This circular addressed to Welfare Authorities referred to action which might be taken by those authorities, within the scope of their present powers, to assist mothers and young children in cleanliness and good habits and eliminate verminous conditions.

The important part which Health Visitors can play was emphasized and the Minister suggested they should concentrate on the education of the mothers, present and future. As regards children under 5, the examination of the children's heads should be regarded as part of the Health Visitors' work both in the homes and in the clinics.

Measures had already been taken in Kent to meet this problem prior to the receipt of this circular, more particularly in connexion with the inspection of school children. A copy of the circular was sent to each Health Visitor drawing attention to the requirements in respect of mothers of young children and asking for particular attention to be paid to these classes.

The Health Visitors have since impressed upon the mothers the need for personal cleanliness of themselves and their children, and special attention has been paid to the examination of the children's heads. Demonstrations have been given showing simple and efficient cleansing methods.

It will, however, be appreciated that the Health Visitors are handicapped through overwork and travelling restrictions under war-time conditions, and find great difficulty in dealing with the problem of those offenders who will not respond to educative or persuasive methods.

INFANTILE MORTALITY.—The following figures show certain infantile mortality rates per thousand births during each of the last six years :—

	1938.	1939.	1940.	1941.	1942.	1943.
Kent Urban Districts	42·29	35·55	42·84	42·86	41·70	40·27
Kent Rural Districts	45·01	42·33	46·38	41·39	42·47	36·04
Administrative County	42·83	36·90	43·63	42·49	41·86	39·34
Area of County Scheme	40·35	40·05	43·68	42·98	39·88	34·23
Rest of Kent	44·14	35·21	43·60	42·20	43·01	42·28
England and Wales	53	50	55	59	49	49

MATERNAL MORTALITY.—The following tabulation shows the number of deaths of women in child-birth, in Kent, since 1932. For comparative purposes, the average figures for the five years 1939–1943 and the thirty six years 1908–1943, are shown :—

Year.	Number of births.	Puerperal Sepsis.		Other puerperal causes.		Total deaths.	Total rate per 1,000 births.
		Number of deaths.	Rate per 1,000 births.	Number of deaths.	Rate per 1,000 births.		
1932	17,725	17	1·0	40	2·3	57	3·3
1933	17,514	35	2·0	35	2·0	70	4·0
1934	18,393	34	1·8	39	2·1	73	4·0
1935	19,087	22	1·2	39	2·1	61	3·2
1936	19,534	25	1·3	32	1·7	57	3·0
1937	20,044	15	0·8	40	2·0	55	2·8
1938	20,666	19	0·9	33	1·6	52	2·5
1939	21,080	12	0·6	33	1·7	45	2·1
1940	19,715	10	0·6	29	1·5	39	2·0
1941	17,623	12	0·7	28	1·6	40	2·3
1942	20,709	12	0·6	32	1·6	44	2·2
1943	21,355	16	0·8	29	1·4	45	2·2
Average of five years 1939-43	20,096	12	0·7	30	1·6	43	2·2
Average of thirty-six years 1908-43	19,767	22	1·1	44	2·2	65	3·3
England and Wales, 1943	—	—	0·39	—	1·45	—	1·84

PUERPERAL INFECTION.—The following figures show the number of notifications of puerperal pyrexia and deaths from puerperal sepsis during the past five years :—

Notifications of Puerperal Pyrexia.

	1939.	1940.	1941.	1942.	1943.
Administrative County ...	246	142	145	200	281
County Welfare Area ...	66	52	41	60	103

Deaths from Puerperal Sepsis.

	1939.	1940.	1941.	1942.	1943.
Administrative County ...	12	10	12	12	16
County Welfare Area ...	5	4	2	6	4

OPHTHALMIA NEONATORUM.—The figures below refer to the notification and treatment of ophthalmia neonatorum in the county Welfare area, but a comparison with the figures for the Administrative county is shown for 1943 :—

						Administrative County	
		1938.	1939.	1940.	1941.	1942.	1943.
Cases Notified ...	...	9	9	4	10	17	52
Treated	{ At Home ...	6	7	—	5	11	20
	{ In Hospital ...	3	2	4	5	6	32
	{ Unimpaired ...	6	7	3	9	15	40
Vision	{ Impaired ...	—	—	—	—	—	—
	{ Total blindness ...	—	—	—	—	—	—
	{ No information ...	3	2	1	1	2	11
Death ...	...	—	—	—	—	—	1

As a precautionary measure against ophthalmia neonatorum all midwives in the area for which the County Council is the Local Supervising Authority are provided with outfits containing a one per cent. solution of silver nitrate with instructions to place one drop in each eye of newly born infants immediately after the baby has been bathed and the eyes carefully wiped with cotton wool.

Although there is a small decrease in the total number of cases notified, it is obvious that the investigation of all ante-natal patients (regarding the presence of gonorrhoeal infection) is as necessary as ever.

MIDWIFERY SERVICE.—At the end of the year there were 403 midwives practising in the area. Of the 19,316 births registered in the area for which the Council is the Local Supervising Authority, 14,368 were attended by midwives as such (7,317 domiciliary and 7,051 institutional confinements) and 4,546 by midwives as maternity nurses (2,087 domiciliary and 2,459 institutional confinements).

CHILD LIFE PROTECTION.—At the end of the year some 260 children were in the care of 192 foster parents.

REGISTRATION OF NURSING HOMES.—One home was registered during the year, making a total of 31 homes now registered. These homes provide accommodation for 240 patients.

Section D

TREATMENT OF TUBERCULOSIS.

A. ACCOMMODATION.

The shortage of accommodation for the treatment of patients suffering from tuberculosis has continued to be a matter of grave concern. The number of patients awaiting treatment on the 31st December, 1942 was 144 and at the end of the year 1943 this number had increased to 251. On the 30th November, 1944 the number was 300. Various measures were approved by the Council to alleviate the position including arrangements for (i) the transference of mental defectives from West View Institution, Tenterden and the Eastry and other Public Assistance Institutions to the Leybourne Grange Colony ; (ii) the utilisation of West View Institution and four villas at the Leybourne Grange Colony by the Public Assistance Committee for the reception of chronic sick patients ; (iii) the transfer from the County Hospital, Orpington to the villas at Leybourne Grange of chronic sick patients ; and (iv) the utilisation of accommodation freed at the County Hospital, Orpington for the provision of from 160 to 180 beds for patients suffering from tuberculosis. At the end of November, 1944, the number of beds in use under the County Tuberculosis Scheme was 817.

B. MAINTENANCE ALLOWANCES.

The Ministry of Health Memo 266/T set forth the principles for payment of financial allowance^s towards the maintenance of dependants of persons suffering from pulmonary tuberculosis, excluding the chronic type. There are three kinds of payments (i) Maintenance allowances based on a standard scale and without any test of means ; (ii) Discretionary allowances on proof of need towards meeting standard charges such as high rent or rates, hire purchase instalments, insurance premiums and school fees, where the patient would be unable to meet these liabilities ; (iii) Special payments to meet certain special circumstances, e.g., travelling expenses of near relatives visiting patients receiving institutional treatment ; domestic help in the household where the housewife is undergoing institutional treatment ; to a person without dependants receiving treatment in an institution, payment of not more than 5/- a week for pocket money, and an allowance in respect of any reasonably continuing standing charges for rent, rates, insurance or hire purchase payments, provided that the applicant is unable to meet the charges from National Health Insurance benefit or other sources.

The following statement shows the extent to which the scheme has been applied from the 29th August, 1943 to the 31st December, 1943 :—

1. Total number of applications	...	...	...	...	795
2. Domiciliary patients receiving allowances	...	...	...	378	
3. Sanatoria patients receiving allowances—					
(a) Maintenance (for dependants)	...	...	...	74	
(b) Pocket money (5/- only)	...	...	...	29	
				—	
4. Total number of patients receiving allowances	...	...			481
5. Number of "Nil" assessments (on medical or financial grounds)—					
(a) Domiciliary	...	...	...	155	
(b) Sanatoria	...	...	...	97	
6. Number of patients who have now returned to whole-time employment	...	...	...	31	
7. Allowance made for domestic assistance	...	...	...	5	
8. Number of deaths	...	...	...	26	
				—	314
					— 795
9. Number of persons in respect of whom fares have been allowed				7	

TUBERCULOUS DISEASES.

TABLE 1.—Particulars of new cases of tuberculosis, and of deaths from the disease in Kent during 1943.

Age Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-pulmonary.		Pulmonary.		Non-pulmonary.	
	M	F.	M.	F.	M.	F.	M.	F.
0—1 ...	1	—	5	2	2	—	5	3
1—5 ...	16	7	30	22	4	1	8	18
5—10 ...	18	20	54	29	}	—	6	9
10—15 ...	19	26	29	21				
15—20 ...	86	94	22	26	}	177	195	24
20—25 ...	117	147	8	21				
25—35 ...	159	165	27	23				
35—45 ...	180	96	7	10	}	164	52	6
45—55 ...	133	39	3	4				
55—65 ...	76	24	2	3				
65 and upwards ...	32	18	2	4	36	17	1	3
Totals ...	837	636	189	165	383	271	53	55
1,827				762				

TABLE 2 --Number of cases of Tuberculosis notified in each district in Kent, under the Public Health (Tuberculosis) Regulations, during 1943 : together with the death rates.

DISTRICTS.	Notifications. 1943.			Death-rates.	
	Pulmonary	Other	Total	Pulmonary- Rate per 1,000 1943	Other- Rate per 1,000 1943
URBAN—					
Ashford	24	12	36	0.66	0.06
Beckenham (Borough) ...	63	8	71	0.30	0.04
Bexley (Borough)	117	10	127	0.58	0.06
Broadstairs and St. Peter's...	6	—	6	1.04	0.21
Bromley (Borough)	72	15	87	0.55	0.04
Chatham (Borough)	67	—	67	1.04	0.09
Chislehurst & Sidcup	75	19	94	0.57	0.04
Crayford	28	9	37	0.84	—
Dartford	56	11	67	0.70	0.12
Deal (Borough)	20	2	22	0.50	0.09
Dover (Borough)	32	3	35	0.59	0.24
Erith (Borough)	64	18	82	0.61	0.03
Faversham (Borough)	10	8	18	0.46	0.28
Folkestone (Borough)	32	9	41	0.98	0.17
Gillingham (Borough)	92	19	111	0.74	0.14
Gravesend (Borough)	42	10	52	0.60	0.18
Herne Bay	11	4	15	0.79	0.08
Hythe (Borough)	5	3	8	0.72	0.24
Lydd (Borough)	—	1	1	—	—
Maidstone (Borough)	53	9	62	0.57	0.16
Margate (Borough)	27	3	30	0.88	0.14
New Romney (Borough)	—	2	2	—	—
Northfleet	26	4	30	0.64	0.07
Orpington	49	27	76	0.46	0.05
Penge	21	4	25	0.64	0.11
Queenborough (Borough)	6	—	6	1.12	—
Ramsgate (Borough)	22	14	36	0.69	0.13
Rochester (City)	24	9	33	0.73	0.24
Sandwich (Borough)	1	1	2	0.37	0.37
Sevenoaks	7	4	11	0.39	0.16
Sheerness	9	—	9	0.47	0.16
Sittingbourne and Milton	9	4	13	0.43	0.16
Southborough	4	7	11	0.40	0.14
Swanscombe	8	1	9	0.87	—
Tenterden (Borough)	3	—	3	0.28	—
Tonbridge	24	6	30	0.63	0.06
Tunbridge Wells (Borough)	17	7	24	0.31	0.06
Whitstable	9	16	25	0.56	—
TOTALS—Urban	1,135	279	1,414	0.60	0.10
RURAL—					
Ashford, East	5	1	6	0.46	0.12
Ashford, West	9	3	12	0.86	—
Bridge-Blean	10	6	16	0.23	0.12
Cranbrook	4	3	7	0.15	0.15
Dartford	42	14	56	0.41	0.19
Dover	11	1	12	0.80	—
Eastry	11	5	16	0.44	0.17
Elham	5	3	8	0.79	—
Hollingbourn	2	3	5	0.23	0.08
Maidstone	9	4	13	0.36	0.06
Malling	32	7	39	0.56	0.13
Romney Marsh	4	3	7	0.78	—
Sevenoaks	22	10	32	0.31	0.04
Sheppey	4	1	5	0.57	—
Strood	6	4	10	0.68	0.07
Swale	28	12	40	0.59	0.12
Tenterden	4	1	5	—	0.17
Tonbridge	17	7	24	0.26	0.06
Totals in Rural Districts	225	88	313	0.43	0.10
Totals in Urban Districts	1,135	279	1,414	0.60	0.10
Totals for County	1,360	367	1,727	0.56	0.10

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS.

Summary of Notifications during the period from the 1st January, 1943, to the 31st December, 1943,
in the County of Kent.

AGE PERIODS.				Formal Notifications.												Total Notifications
				Number of Primary Notifications of new cases of Tuberculosis												
				0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and up- wards	Total (all ages)	
Pulmonary—																
Males				1	16	18	19	84	106	142	161	121	69	27	764	799
Females				—	6	18	23	90	130	145	87	36	21	15	571	594
Non-pulmonary																
Males				2	29	53	28	18	6	24	7	2	2	2	173	180
Females				1	16	27	18	25	18	22	7	4	3	4	145	150

SUPPLEMENTAL RETURN.

Showing new cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the above mentioned period, *otherwise* than by formal notification.

AGE PERIODS.				0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and up- wards	Total Cases.
Pulmonary—															
Males...	...	...	—	—	—	—	2	11	17	19	12	7	5	73
Females	...	...	—	1	2	3	4	17	20	9	3	3	3	65
Non-pulmonary—															
Males	...	...	3	1	1	1	4	2	3	—	1	—	—	16
Females	...	...	1	6	2	3	1	3	1	3	—	—	—	20

SOURCE OF INFORMATION.

	No. of Pul.	Cases. Non- Pul.
Death Returns ... from local Registrars	27	6
transferable deaths from Registrar General	1	—
Posthumous notifications	15	11
“ Transfers ” from other areas (other than transferable deaths)	95	19
Other sources	—	—

Section E

REPORT ON HOSPITAL SERVICES FOR THE YEAR 1943.

It is doubtful whether the size and extent of the Hospital services provided by the County Council is fully realised but the information given in the statistical tables below will be some guide as to the work carried out in the County Hospitals :—

PUBLIC HEALTH HOSPITALS.

	County Hospital Farnborough [1,060 beds]	County Hospital Pembury [750 beds]	Willes- borough Hospital [212 beds]	County Hospital Sheppey [150 beds]	Royal Victoria Hospital Folkestone [100 beds]	County Hospital Dover [100 beds]	TOTAL [2,372 beds]
A. IN-PATIENTS.							
1. Number of Admissions (in- cluding infants born in Hospital)	9,526	6,405	2,077	1,762	2,059	1,183	23,012
2. Number of Surgical Opera- tions under general anaes- thetic (excluding dental operations)	3,236	1,883	737	867	1,498	398	8,619
3. Number of women confined in Hospital	1,099	932	—	236	37	1	2,305
4. Number of X-rays taken ...	7,736	12,089	946	1,865	3,584	4,102	30,322
5. Number of treatments carried out in massage and electro- therapy departments ...	63,854	72,951	2,213	8,146	17,764	942	165,870
B. OUT-PATIENTS.							
1. Total of new patients seen in Out-patient Department	6,113	3,411	1,772	2,076	7,339	1,477	22,188
2. Total number of attendances	44,914	12,800	4,788	6,612	10,384	4,672	84,170
3. Ante-Natal Clinic.							
(a) Number of expectant mothers seen	996	733	—	337	93	—	2,159
(b) Total number of attend- ances	4,404	3,367	—	625	465	—	8,861

PUBLIC ASSISTANCE HOSPITALS.

	County Hospital Chatham [419 beds]	County Hospital Dartford [344 beds]	County Hospital Orpington [1,400 beds] (700 for chronic sick)	Hothfield Emergency Hospital [150 beds]	TOTAL [2,313 beds]
A. IN-PATIENTS.					
1. Number of admissions (including infants born in Hospital) ...	3,722	4,599	5,807	1,091	15,219
2. Number of Surgical Operations under general anaesthetic (ex- cluding dental operations) ...	804	1,492	2,739	382	5,417
3. Number of women confined in Hospital	715	778	—	—	1,493
4. Number of X-rays taken ...	1,880	2,001	12,589	1,000	17,470
5. Number of treatments carried out in massage and electro-therapy de- partments	5,649	7,086	109,010	3,627	125,372
B. OUT-PATIENTS.					
1. Total of new patients seen in Out- patient Department	912	9,323	3,242	1,955	15,432
2. Total number of attendances ...	13,300	31,672	—	4,204	49,176*
3. Ante-Natal Clinic					
(a) Number of expectant mothers seen	641	1,110	—	—	1,751
(b) Total number of attendances ...	3,100	6,772	—	—	9,872

*Excluding County Hospital, Orpington.

Although it is true to say that the institutional services provided by an authority such as Kent represent a co-ordinated and integrated service where the aim is constantly to classify patients in the proper categories and to utilise the means available for the efficient treatment and economical use of the services provided, it must be said that, owing to the serious shortage of staff to nurse the chronic sick, an undue proportion of this class of patient is having to be retained and treated in the Council's general hospitals. I think it will not be inopportune, therefore, to set forth some observations regarding the terms upon which the County Council have agreed to make grants to voluntary hospitals, since a new condition made in 1943 has a bearing on this problem.

In 1940 the Council approved a recommendation submitted by the Public Health Committee that "this Council do approve the policy of grants being made to voluntary hospitals during the period of the war, subject to the following general and such other conditions as may be considered appropriate in any particular case :—

- (1) Grants to be made towards maintenance costs only.
- (2) A grant to be related to the deficiency as shown by the difference between the approved expenditure and income of the hospital in respect of the year to which the grant relates. "Approved expenditure" shall mean expenditure approved by or on behalf of the Council. "Income" shall, as far as practicable, include donations, bequests, legacies and the like.
- (3) A grant not to be made if, in the opinion of the Council, the hospital has means of meeting a deficiency otherwise than by a grant from the Council.
- (4) Applications for grants to be submitted not later than a date and in a form approved by or on behalf of the Council. The information required from the hospital authority to include an estimate of expenditure and income in relation to the year in respect of which a grant is sought.
- (5) (a) Subject to sub-paragraph (b), the grant, if any, as finally determined, will be paid as soon as may be after the close of the hospital's financial year in respect of which the grant is payable.
(b) Consideration will, however, be given by the Council to the payment of instalments on account of any grant intimated by it, such payment to be subject to such adjustment as may be necessary, having regard to the amount of the grant as finally determined.
- (6) In cases where a grant is made the following general conditions to apply :—
 - (i) That, if and when the Council undertakes to participate in a scheme for a regionalisation of hospital services in the County of Kent which is acceptable to voluntary hospitals generally, the Governing Body of the hospital shall also participate.
 - (ii) That the Council shall, if it so desires, have the right to representation on the Governing Body and/or such Committee or Committees as have the executive control of the hospital.
 - (iii) That the Council shall, if it so requires, have the right of nomination of patients for admission to and treatment in the hospital, such patients to be of the type usually treated in the hospital.
 - (iv) That no additions to or extensions of services be undertaken unless and until the same have been submitted to and approved by the Council.
 - (v) That the Council, through its officers, shall have the right of entry to and inspection of the hospital and its books, records and accounts, the Governing Body affording all necessary facilities therefor.
 - (vi) That all such information as the Council requires in relation to the hospital shall be supplied upon request.
 - (vii) That the Council shall be satisfied that the services provided by the hospital are being discharged to an adequate extent."

Further consideration was given to this matter in 1943 and it was resolved "That the Council shall, if it so requires, have the right of nomination of patients for admission to and treatment in the hospital, such patients to be of the type usually treated in the hospital, unless the amount of the grant from County funds exceeds $12\frac{1}{2}$ per cent of the approved gross expenditure of the hospital, in which event patients other than those of the type usually treated in the hospital shall be admitted, provided that the number of such latter patients under treatment in the hospital shall not at any one time exceed 10 per cent of the total number of beds available in the hospital. For the purpose of this condition maternity beds shall not be reckoned as part of the total number of beds available in the hospital."

The practical effect of this condition is that a voluntary hospital receiving a sum representing more than $12\frac{1}{2}$ per cent of its expenditure from County funds would be expected to admit chronic sick to the extent of not more than 10 per cent of the general beds in the hospital. Since 1940 the Governing Bodies of only two voluntary hospitals in Kent have found it necessary to avail themselves of the offer of financial assistance from the County Council on the terms indicated, and the arrangements with these two hospitals have worked smoothly and well.

The change in the conditions of policy in 1943 was approved because the Public Health Committee took the view that any voluntary hospital willing to participate in a co-ordinated hospital service should be prepared to take a reasonable and proper share in the provision of treatment for the various classes of patient and to that end should be prepared to sacrifice, in the interests of the community, some measure of the existing practice of dealing only with certain selected classes of patients. It is in this direction that there occurs a fundamental difference between the voluntary hospital and the

County hospital which forms part of the County service providing institutional treatment for the sick. It is not generally appreciated, but it is a matter which should be stressed, that voluntary hospitals can, and frequently do, exercise considerable choice as to what patients they will admit. In general, they do not admit or retain for any long periods patients suffering from some form of chronic illness. On the other hand, County hospitals being part of a general institutional service provided by the County Council for the treatment of the sick, have to admit an undue proportion of patients whose illness has reached such a chronic stage that the resources of an acute general hospital are no longer necessary. This position is largely occasioned by the extreme difficulty experienced in securing nursing and other staff for institutions devoted to the care of the chronic sick.

While it is obviously uneconomic to retain in general hospitals large numbers of chronic sick patients, it is considered that a certain proportion of this class of chronic patient may be treated in general hospitals with a resulting benefit in the training of nursing staff.

Taking the widest possible view of the County Council's responsibility for the institutional treatment of the sick, it must be accepted that the Council cannot refuse to provide accommodation for any patients who are in need of such treatment and the Council is unable to exercise any choice in the matter. The County Hospital and institutional service must, therefore, carry the ultimate responsibility for providing accommodation for all sick persons requiring treatment who are not dealt with by the voluntary hospitals and other agencies. It must follow that, whilst there is in existence a voluntary hospital system, the only complete hospital and institutional service is that provided by the County and County Borough Councils.

It was after consideration of these points that the Council added the additional clause relating to the admission of chronic sick patients which will apply to any hospital receiving over 12½ per cent of its gross income from a specific grant made under the conditions originally approved by the Council in 1940.

The aim of the Government's proposed National Health Service is to bring about a welding of the voluntary hospital system and the local authority hospital and health services so as to provide a co-ordinated health service in which the many parts are properly and logically related.

VENEREAL DISEASES.

In November, 1942, Civil Defence Regulation 33B came into operation, imposing duties upon Medical Officers of Health of County and County Borough Councils and also "special practitioners" qualified to treat venereal diseases. These duties relate to notification of contacts of persons suffering from the disease, and where two or more patients have named the same contact, the Medical Officer of Health has power to require that person to submit to medical examination by a special practitioner within a specified period.

The following figures were furnished to the Ministry of Health in respect to notifications received under the Regulation for the period 8th January, 1943 to 31st December, 1943 :—

CONTACTS notified to the Medical Officer of Health during the period 8th January, 1943 to 31st December, 1943 :—

									M.	F.
1.	Total number in respect of whom Form 1 was received	...	...						12	110
2.	Number of cases in (1) in which attempts were made outside the scope of the Regulation to persuade the contact to be examined before the latter had been named on a second Form 1 :—									
	Contacts found	...	...	...	...	...	...	...	2	53
	„ examined	...	...	...	...	...	...	...	2	42
3.	Number of those in (1) in respect of whom two or more Forms 1 were received	...	...	...	...	...	...	...	—	8
4.	Number of those in (3) who were :—									
	(a) found	...	...	...	...	...	...	...	—	8
	(b) examined after persuasion	...	...	...	...	...	...	...	—	8
	(c) served with Form 2	...	...	...	...	...	...	...	—	—
	(d) examined after service of Form 2	...	...	...	...	...	...	...	—	—
	(e) prosecuted	...	...	...	...	...	...	...	—	—

On the whole, the operation of the Regulation in Kent has been satisfactory. Endeavours have been made to visit all contacts notified on Form 1, although in some instances it has not been possible to trace them owing to the fact that the information given has been incomplete or unreliable. The majority of contacts, however, have been persuaded to attend for examination and have kept up their attendances at the clinics as required, although in a few cases constant visitation has been necessary to ensure regular attendance.

A whole-time Social Worker was appointed in May, 1943. She assists the Medical Officers at the various clinics, undertakes the visitation of contacts notified under the Regulation and follows up defaulters. Her services have proved invaluable. Part-time Social Workers attend the clinics at Gravesend and Rochester and undertake visitation of patients under the direction of the Medical Officer.

The County Council continued to participate in the London and Home Counties Scheme and the following summary relates to the work of the Kent Clinics in 1943.

TABLE 3.

Clinic.	Number of openings.	Number of persons removed from the register during any previous year who returned for treatment or observation of the same infection.	New Patients				Number of persons (exclusive of those under previous heading) dealt with for the first time, known to have received treatment at other centres for the same infection.	Attendances				In-Patient treatment		Patients discharged including transfers.	Still under treatment	
			Syphilis.	Soft Chancre	Gonorrhœa	Non-venereal or undiagnosed conditions.		Syphilis.	Soft Chancre.	Gonorrhœa.	Non-venereal or undiagnosed conditions.	Attendances of Patients for Irrigation.	Patients.			Days.
Ashford ...	53	—	3	—	22	26	182	1,198	—	329	121	377	—	—	711	60
Canterbury ...	157	2	40	7	84	229	341	2,630	51	1,330	999	446	3	78	698	194
Dartford ...	52	6	18	—	33	188	26	679	—	354	380	2,381	9	380	258	72
Dover ...	104	3	7	—	25	48	202	1,760	—	288	120	6	—	—	338	113
Gravesend ...	104	—	43	—	61	149	90	1,229	—	639	442	958	—	—	316	174
Maidstone ...	52	4	15	—	40	114	150	1,155	—	684	354	440	—	—	288	127
Margate ...	51	3	14	—	13	42	116	613	—	223	160	702	—	—	291	70
Rochester ...	104	8	68	—	109	162	157	3,397	—	1,435	602	2,458	—	—	462	294
Sheerness ...	51	2	2	—	4	16	14	133	—	31	89	—	—	—	102	7
Tunbridge Wells ...	52	11	27	—	18	179	106	1,924	—	233	498	238	7	364	327	126
Totals 1943 ...	780	39	237	7	409	1,153	1,384	14,718	51	5,546	3765	8,006	19	1,294	3,791	1,237

TABLE 4.—Number of persons discharged or transferred or who ceased to attend Clinics.

Clinic.	Number of persons discharged after completion of treatment and final tests of cure or after diagnosis as non-venereal.	Number of persons who ceased to attend before completion of treatment and were, on first attendance, suffering from :—			Number of persons who ceased to attend after completion of treatment but before final tests of cure.	Number of persons transferred to other Centres or to institutions, or to care of private practitioners.
		Syphilis.	Soft Chancre.	Gonorrhœa.		
Ashford ...	35	—	—	—	1	675
Canterbury ...	327	5	—	1	12	353
Dartford ...	222	—	—	—	6	30
Dover ...	60	12	—	6	7	253
Gravesend ...	227	1	—	6	5	77
Maidstone ...	119	—	—	—	3	166
Margate ...	52	—	—	—	—	239
Rochester ...	300	18	—	10	10	124
Sheerness ...	18	—	—	—	—	84
Tunbridge Wells ...	210	11	—	—	—	106
Totals ...	1,570	47	—	23	44	2,107

RETURN SHOWING THE WORK OF THE COMBINED KENT CLINICS.

				Males.	Females.
(1) Number of persons who, on 1st January, 1943 were under treatment or observation for :—	Syphilis			770	213
	Soft chancre			2	—
	Gonorrhœa			592	92
	Non-venereal or undiagnosed conditions			66	64
	Total			1,430	369
(2) Number of persons removed from the register during any previous year who returned during the year for treatment or observation of the same infection :—	Syphilis			8	12
	Soft chancre			—	—
	Gonorrhœa			9	10
	Total			17	22
(3) Number of persons dealt with during the year, at, or in connection with the out-patients clinics, for the first time (exclusive of persons under (4) below) suffering from —	Syphilis primary			35	18
	„ secondary			23	29
	„ latent in first year of infection			5	3
	„ all later stages			61	28
	„ congenital			18	17
	Soft chancre			6	1
	Gonorrhœa, first year of infection			190	204
	„ later			13	2
	Non-venereal or undiagnosed conditions			518	635
	Total			869	937
(4) Number of persons dealt with for the first time during the year known to have received treatment at other centres for the same infection :—	Syphilis			857	45
	Soft chancre			6	—
	Gonorrhœa			302	20
	Non-venereal or undiagnosed conditions			145	9
	Total			1,310	74
(5) Number of persons discharged after completion of treatment and final tests of cure or after diagnosis as non-venereal :—	Syphilis			47	31
	Soft chancre			10	1
	Gonorrhœa			212	138
	Non-venereal or undiagnosed conditions			541	590
	Total			810	760
(6) Number of persons who ceased to attend before completion of treatment and who were, on first attendance, suffering from :—	Syphilis, primary			6	—
	„ secondary			1	6
	„ latent in first year of infection			2	1
	„ all later stages			17	7
	„ congenital			3	4
	Soft chancre			—	—
	Gonorrhœa, first year of infection			18	5
	„ later			—	—
	Total			47	23
(7) Number of persons who ceased to attend after completion of treatment but before final tests of cure :—	Syphilis			11	6
	Soft chancre			—	—
	Gonorrhœa			11	16
	Total			22	22

				Males.	Females.
(8) Number of persons transferred to other centres or to institutions, or to care of private practitioners :—	Syphilis	...	...	1,119	49
	Soft chancre	...	...	4	—
	Gonorrhœa	...	...	764	42
	Non-venereal or undiagnosed conditions			116	13
	Total	...	...	2,003	104
(9) Number of persons remaining under treatment or observation on 31st December, 1943 :—	Syphilis	...	...	571	261
	Soft chancre	...	...	—	—
	Gonorrhœa	...	...	101	127
	Non-venereal or undiagnosed conditions			72	105
	Total	...	...	744	493
(10) Total attendances of all persons at the out-patients clinics who were suffering from :—	Syphilis	...	...	9,723	4,995
	Soft chancre	...	...	36	15
	Gonorrhœa	...	...	2,715	2,831
	Non-venereal or undiagnosed conditions			1,938	1,827
	Attendances for Irrigation			3,224	4,782
	Total	...	...	17,636	14,450

The provision of approved arsenobenzene compounds to medical practitioners producing satisfactory evidence of experience in the administration of these drugs is undertaken direct from the County Health Department. During the year, 5,615 doses were supplied to accredited medical practitioners, namely 625 to ten of the private practitioners on the list of approved medical practitioners in Kent, and 4,990 to four medical officers of treatment centres.

The number of patients under the care of private doctors for whom these compounds were supplied during the year was 64.

In cases where patients cannot receive the treatment required unless travelling expenses are paid, the County Council defrays the cost. The fares of 40 patients were paid during 1943.

Section F

COUNTY PATHOLOGICAL LABORATORIES.

During the year 1943 the number of investigations carried out by the County Pathological Services reached a total of 197,421, this being 52,369 more than in the previous year. The Central laboratory alone carried out 115,626 investigations, 32,893 more than in 1942.

The custom of including in this section a table shewing the annual number of laboratory examinations for the past ten years is maintained, but it is considered that a brief outline of the development of the laboratory service since its inception in 1911 would be of special interest to the members. An article entitled "A County Pathological Service" by two members of the staff appeared in "The Medical Officer" in January, 1943, and the following is an extract from this article.

"The laboratory service of the council was started in 1911 and has gradually developed from a stage where routine public health services only were provided, to one which covers practically all examinations required in routine practice. The chief exception is that the county laboratory does not undertake medico-legal work; this is not due to an unwillingness to undertake the additional responsibility, but because on two occasions when the provision of this service has been contemplated the views of coroners shewed that the times were not ripe for the council to proceed.

"In 1911 the central laboratory was, as now, a part of the county public health department in Maidstone and was primarily intended for work in connection with public health services. The Local Government Act of 1929 made the county council responsible for hospital and institutional services previously under the control of boards of guardians and led to the creation of small hospital laboratories which were directed and supervised from Maidstone. In 1936 there was a major re-organisation of the county public health department which led to the central laboratory being expanded and its scope increased. Up till 1940 all the council's hospitals were administered by the public assistance committee but since that time the majority of these hospitals have been appropriated thus bringing the hospital laboratory services into even closer liaison with that at Maidstone.

"The central laboratory at Maidstone now occupies two floors of the offices of the county public health department. One floor is devoted to animal houses, animal post-mortem rooms and stores, and the other floor to laboratories for general work, bio-chemistry, serum preparation, media preparation and for accommodating pathologists and staff. The central laboratory has its own clerical and administrative staff and forms one of seven divisions into which the central public health administration is divided. The staff consists of two pathologists, 15 technicians of various grades and office workers.

"Associated with the central laboratory there were, in 1939, six branch laboratories: one at each of four county hospitals, one at a sanatorium and one at a mental hospital. Since then three more laboratories have been opened in other county hospitals, but to two of the largest of the hospitals which have been considerably enlarged since the war, a proportion of the staff of one of London's teaching hospitals has been transferred with a consequent increase in the pathological examinations carried out. The branch laboratories are supervised by the county pathologists who visit them at least weekly. Any specimens retained by the technicians for a further opinion, and any difficulties which have arisen with regard to the work are discussed during these visits. Urgent specimens which cannot be examined by the technicians are sent to Maidstone by bus or train and histological material is usually despatched by post to the central laboratory. With regard to the two hospitals which have E.M.S. pathologists attached regular visits are paid by the county pathologists to integrate the work with that of the general county pathological services.

"In addition to the activities of the central laboratory which are directly connected with hospital work, a comprehensive service, except for medico-legal work, is provided free to all medical and dental practitioners and veterinary surgeons practising in the administrative county. No limit is placed on the number or types of specimens that may be sent in for examination and in no circumstances is a charge levied against the patient or the practitioner. The work undertaken includes all the routine laboratory procedures as well as pregnancy diagnosis tests, preparation of autogenous vaccines, typing of hæmolytic streptococci, histological, biological, serological examinations, etc. The pathologists are also available for consultation with the general practitioner at the bedside of the patient, but to save unnecessary travelling the practice of sending patients to the laboratories for investigation is, when possible, encouraged.

"As medical officers of health may send in as many specimens as they wish, no difficulty exists in maintaining ample bacteriological control over water supplies, milk supplies and foodstuffs. In fact, the number of examinations made for any local authority is limited only by the ability of that authority to collect the necessary specimens. The services of the pathologists and the laboratory staff are at the disposal of any district medical officer of health who may have to deal with outbreaks of disease.

"An important aspect of the work undertaken is the examination of specimens under the V.D. scheme and to illustrate the flexibility which obtains in such a large service it can be instanced that in the early months of the war up to 650 additional Wassermann examinations were undertaken weekly for the blood transfusion service without difficulty as regards staff or equipment."

It will be noted from the table below that the venereal diseases examinations accounted for about one half of the increase in the investigations carried out in the Central laboratory during the year 1943. This is partly explained by the greater number of tests done for the County ante-natal clinics, which are also responsible for a large part of the increase in haematological examinations performed.

There was no large scale epidemic of diphtheria during the year although 5,000 more investigations were carried out than in the previous year. Most of this increase, however, is accounted for by the swabbing of all female patients at the County Mental Hospital, Barming.

Mild epidemics of intestinal infections occurred at many children's nurseries and institutions in the County, and large numbers of specimens were examined in investigating these outbreaks. To a large extent this explains the increase of about 11,000 examinations under the heading "Various" in the table below.

Slightly fewer water examinations were performed and again the main supplies were found to be very satisfactory.

Of the school milks examined for tubercle bacilli, the percentage number infected was less than in 1942; 2.31 per cent. of "raw" milks contained living tubercle bacilli as compared with 3.01 per cent, and of 75 samples of "pasteurised" milk examined biologically none was found positive.

The standard of bacteriological cleanliness of these milks also showed an improvement; only 4.8 per cent failed to comply with the prescribed standards as compared with 8.5 per cent failures in 1942.

TABLE 5.—Showing comparative figures of laboratory examinations for the past ten years.

Year	Diphtheria Swabs	Widals (Typhoid Fever)	Sputum (Pulmonary Tuberculosis)	Venereal Diseases	Water Examinations	Milk Examinations	Histological Examinations	Biochemistry	Haematology	Various	Branch Laboratories	Total
1934 ...	21,722	270	5,905	6,411	151	355	503	—	—	5,467	—	40,784
1935 ...	20,899	262	5,584	7,648	190	2,870	492	—	—	4,589	3,760	46,294
1936 ...	14,274	294	5,802	8,364	282	3,678	555	—	—	7,196	9,683	50,128
1937 ...	18,107	308	6,303	11,942	599	3,612	591	1,226	313	13,426	23,129	79,556
1938 ...	21,732	371	6,231	15,078	2,105	4,077	823	1,477	558	14,224	29,533	96,209
1939 ...	20,163	348	6,272	18,131*	2,089	3,874	927	1,975	998	15,273	32,163	102,213
1940 ...	8,759	405	7,009	29,501*	1,826	2,881	998	3,175	1,464	10,385	44,137	110,520
1941 ...	9,060	617	7,994	32,544*	2,362	2,983	1,273	6,201	2,184	14,462	56,237	135,917
1942 ...	7,664	452	8,690	30,269*	2,288	3,229	1,771	8,575	2,686	17,099	62,319	145,052
1943 ...	12,776	437	10,241	45,871*	1,959	3,743	2,134	6,282	3,740	28,443	81,795	197,421

*The increase in this figure since 1939 is to a great extent due to routine examinations made in connection with Ante-natal clinics, and to blood specimens examined for the Blood Transfusion Service.

STATISTICAL TABLES

TABLE 6—Showing Death, Birth and Infantile Mortality Rates in the different URBAN DISTRICTS of the County of Kent in the year 1943.

DISTRICT.	DEATHS.	BIRTHS.		INFANTILE MORTALITY
	Net death-rate per 1,000 of the population.	Birth-rate per 1,000 of the population.	Still-births.	Deaths of Infants under one year of age, per 1,000 births
Ashford U. ...	18.5	14.8	9	52
Beckenham B. ...	11.5	17.2	26	31
Bexley B.... ...	9.3	18.1	29	27
Broadstairs and St. Peter's U. ...	21.8	21.1	2	20
Bromley B. ...	11.8	17.6	22	28
Chatham B. ...	14.4	20.2	19	69
Chislehurst and Sidcup U. ...	10.1	17.9	27	37
Crayford U. ...	9.8	18.9	11	42
Dartford B. ...	10.0	17.4	15	56
Deal B. ...	13.7	18.9	8	44
Dover B. ...	16.5	18.5	13	38
Erith B. ...	11.6	21.7	21	43
Faversham B. ...	16.0	19.0	7	29
Folkestone B. ...	18.6	17.6	9	28
Gillingham B. ...	12.7	21.6	31	45
Gravesend B. ...	12.4	20.8	21	48
Herne Bay U. ...	21.4	17.0	5	33
Hythe B. ...	16.2	17.2	2	56
Lydd B. ...	10.3	21.2	4	61
Maidstone B. ...	12.8	17.6	24	60
Margate B. ...	20.2	14.8	4	51
New Romney B. ...	12.5	17.5	1	—
Northfleet U. ...	12.1	17.1	7	67
Orpington U. ...	11.3	21.1	20	30
Penge U. ...	15.4	19.4	10	42
Queenborough B. ...	11.2	27.2	1	42
Ramsgate B. ...	15.2	17.8	12	32
Rochester C. ...	13.0	22.0	16	47
Sandwich B. ...	17.7	22.5	2	17
Sevenoaks U. ...	12.9	15.1	5	52
Sheerness U. ...	14.7	20.3	5	58
Sittingbourne and Milton U. ...	13.3	18.6	13	49
Southborough U....	16.7	15.7	7	59
Swanscombe U. ...	12.5	17.6	7	25
Tenterden B. ...	15.0	20.2	3	—
Tonbridge U. ...	14.0	17.3	9	14
Tunbridge Wells B. ...	17.1	14.7	12	36
Whitstable U. ...	17.5	17.7	2	32
TOTALS IN URBAN DISTRICTS ...	13.0	18.6	441	41

TABLE 7—Showing Death, Birth and Infantile Mortality Rates in the different RURAL DISTRICTS of the County of Kent in the year 1943.

DISTRICT.	DEATHS.	BIRTHS.		INFANTILE MORTALITY
	Net death-rate per 1,000 of the population.	Birth-rate per 1,000 of the population.	Still-births.	Deaths of Infants under one year of age, per 1,000 births
Ashford, East ...	14.7	14.6	4	24
Ashford, West ...	15.2	17.3	3	29
Bridge-Blean ...	11.2	16.1	6	29
Cranbrook ...	14.1	16.8	8	39
Dartford ...	10.9	17.1	9	39
Dover ...	15.9	16.4	3	39
Eastry ...	12.3	20.3	13	41
Elham ...	17.5	16.6	1	40
Hollingbourn ...	13.2	17.2	6	48
Maidstone ...	12.5	16.4	11	48
Malling ...	11.4	17.7	8	37
Romney Marsh ...	9.3	13.5	1	58
Sevenoaks ...	12.5	18.4	17	30
Sheppey ...	10.9	22.3	4	52
Strood ...	12.6	17.0	4	47
Swale ...	14.0	18.0	11	36
Tenterden ...	16.1	16.2	3	—
Tonbridge ...	12.0	16.7	12	22
TOTALS IN RURAL DISTRICTS ...	12.6	17.4	124	37
TOTALS IN URBAN DISTRICTS ...	13.0	18.6	441	41
TOTALS IN COUNTY	12.9	18.3	565	40

TABLE 8.—Showing the Number of Cases of Infectious Disease among the Civil Population, notified in each of the URBAN DISTRICTS in the County of Kent, and the number of such Cases which were treated in Hospital, during the year 1943.

DISTRICT.														Cases removed to Hospital.			
	Small-pox.	Diphtheria (including Membranous Croup).	Erysipelas.	Scarlet Fever.	Enteric Fever.	Puerperal Pyrexia.	Cerebro-spinal Fever.	Acute Poliomyelitis.	Acute Polioencephalitis.	Encephalitis Lethargica.	Ophthalmia Neonatorum.	Respiratory Tuberculosis.	Other forms of Tuberculosis.	Small-pox.	Diphtheria.	Scarlet Fever.	Enteric Fever.
Ashford U. ...	1	4	34	—	—	8	—	—	—	—	2	24	12	—	1	34	—
Beckenham B. ...	16	18	261	—	—	30	2	1	—	—	3	63	8	1	15	145	—
Bexley B. ...	21	21	377	1	—	18	3	—	—	—	2	117	10	—	17	154	1
Broadstairs and St. Peter's U. ...	—	2	9	—	—	—	—	—	—	—	—	6	—	—	—	7	—
Bromley B. ...	4	16	204	—	—	6	1	5	—	—	3	72	15	—	4	116	—
Chatham B. ...	16	—	124	—	—	12	—	—	—	—	—	67	—	—	15	46	—
Chislehurst & Sidcup U.	30	15	447	1	—	3	—	1	—	—	1	75	19	—	25	292	1
Crayford U. ...	2	8	54	—	—	3	3	—	—	—	—	28	9	—	2	13	—
Dartford B. ...	14	21	86	8	—	14	—	—	—	—	4	56	11	—	14	33	—
Deal B. ...	1	—	18	—	—	—	—	—	—	—	—	20	2	—	1	11	—
Dover B. ...	1	9	39	—	—	3	2	—	—	—	—	32	3	—	1	35	—
Erith B. ...	11	15	101	4	—	3	1	—	—	—	6	64	18	—	11	83	2
Faversham B. ...	5	—	21	1	—	1	2	2	—	—	1	10	8	—	5	19	1
Folkestone B. ...	32	17	15	—	—	1	—	—	—	—	1	32	9	—	30	14	—
Gillingham B. ...	8	23	320	—	—	2	1	—	—	—	4	92	19	—	7	67	—
Gravesend B. ...	1	12	116	—	—	4	3	—	—	—	1	42	10	—	1	51	—
Herne Bay U. ...	3	7	39	—	—	1	—	—	—	—	1	11	4	—	3	38	—
Hythe B. ...	—	—	6	—	—	—	—	—	—	—	—	5	3	—	—	5	—
Lydd B. ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Maidstone B. ...	25	13	246	16	—	8	3	—	—	—	2	53	9	—	25	229	16
Margate B. ...	—	1	17	—	—	1	1	—	—	—	—	27	3	—	—	16	—
New Romney B. ...	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Northfleet U. ...	2	4	44	—	—	1	1	—	—	—	—	26	4	—	2	15	—
Orpington U. ...	20	6	196	2	—	66	—	1	—	—	2	49	27	—	18	138	2
Penge U. ...	—	2	39	—	—	1	—	—	—	—	—	21	4	—	—	35	—
Queenborough B. ...	—	—	27	—	—	—	—	—	—	—	1	6	—	—	—	25	—
Ramsgate B. ...	4	9	18	—	—	4	2	—	—	—	1	22	14	—	4	13	—
Rochester C. ...	5	5	181	—	—	1	4	—	—	—	2	24	9	—	5	121	—
Sandwich B. ...	—	4	21	—	—	—	—	—	—	—	—	1	1	—	—	16	—
Sevenoaks U. ...	18	2	16	—	—	—	1	1	—	—	—	7	4	—	18	12	—
Sheerness U. ...	3	4	31	—	—	—	—	—	—	—	—	9	—	—	3	23	—
Sittingbourne & Milton U. ...	2	6	168	—	—	3	8	1	—	—	2	9	4	—	2	156	—
Southborough U. ...	—	—	10	—	—	3	—	—	—	—	—	4	7	—	—	9	—
Swanscombe U. ...	3	1	25	1	—	—	—	—	—	—	1	8	1	—	3	5	—
Tenterden B. ...	—	—	9	—	—	—	—	—	—	—	—	3	—	—	—	9	—
Tonbridge U. ...	4	5	38	—	—	1	—	—	—	—	—	24	6	—	4	37	—
Tunbridge Wells B. ...	4	14	78	1	—	18	—	—	—	—	6	17	7	—	3	74	—
Whitstable U. ...	5	7	23	—	—	—	—	—	—	—	—	9	16	—	5	15	—
TOTALS IN URBAN DISTRICTS	261	271	3458	35	—	216	37	13	—	—	6	44	1135	279	244	2111	23

TABLE 9.—Showing the Number of Cases of Infectious Disease among the Civil Population, notified in each of the RURAL DISTRICTS in the County of Kent, and the number of such Cases which were treated in Hospital, during the year 1943.

DISTRICT.	Small-pox.	Diphtheria (including Membranous Croup).	Erysipelas.	Scarlet Fever.	Enteric Fever.	Puerperal Pyrexia.	Cerebro-spinal Fever.	Acute Poliomyelitis.	Acute Polioencephalitis.	Encephalitis Lethargica.	Ophthalmia Neonatorum.	Respiratory Tuberculosis.	Other forms of Tuberculosis.	Malaria.	Dysentery.	Pneumonia.	Whooping Cough.	Measles.	Cases removed to Hospital.			
																			Small-pox.	Diphtheria.	Scarlet Fever.	Enteric Fever.
Ashford, East ...	—	2	—	7	—	—	2	—	—	—	1	5	1	—	—	1	73	19	—	1	4	—
Ashford, West ...	—	—	2	18	—	—	—	—	—	—	1	9	3	—	—	15	79	40	—	—	18	—
Bridge-Blean ...	—	1	7	33	—	2	—	—	—	—	—	10	6	—	—	34	34	62	—	1	24	—
Cranbrook ...	—	10	2	37	—	1	—	—	—	1	—	4	3	—	30	32	28	159	—	10	36	—
Dartford ...	—	32	16	94	—	1	1	—	—	—	—	42	14	39	—	9	45	201	—	4	32	—
Dover ...	—	—	1	22	—	1	—	—	—	—	—	11	1	—	—	3	4	50	—	—	16	—
Eastry ...	—	8	3	42	—	3	1	—	—	—	—	11	5	—	—	19	13	10	—	8	31	—
Elham ...	—	1	—	4	—	1	—	—	—	—	—	5	3	—	—	2	34	160	—	1	2	—
Hollingbourn ...	—	3	3	47	—	1	2	—	—	—	—	2	3	—	—	2	10	57	—	3	45	—
Maidstone ...	—	3	5	48	—	10	4	—	—	—	1	9	4	1	—	25	47	138	—	3	41	—
Malling ...	—	15	11	72	—	3	—	—	—	—	—	32	7	—	—	37	97	313	—	16	71	—
Romney Marsh ...	—	—	—	2	—	—	1	—	—	—	2	4	3	—	—	4	9	4	—	—	2	—
Sevenoaks ...	—	28	8	56	2	1	—	—	—	—	—	22	10	—	2	54	—	544	—	26	54	2
Sheppey ...	—	1	3	10	—	—	—	—	—	—	—	4	1	1	—	13	2	295	—	—	8	—
Strood ...	—	6	1	40	—	—	3	—	—	—	—	6	4	—	1	7	4	265	—	6	22	—
Swale ...	—	—	4	102	1	3	3	—	—	—	—	28	12	—	—	11	16	229	—	—	76	1
Tenterden ...	—	—	—	6	—	—	1	—	—	—	—	4	1	—	2	—	35	311	—	—	5	—
Tonbridge ...	—	8	6	53	—	36	6	3	—	—	3	17	7	—	22	33	14	192	—	7	49	—
TOTALS IN RURAL DISTRICTS ...	—	118	72	693	3	65	22	3	—	1	8	225	88	1	98	301	544	2989	—	86	536	3
TOTALS IN URBAN DISTRICTS ...	—	261	271	3458	35	216	37	13	—	6	44	1135	279	2	248	896	1257	8686	—	244	2111	23
TOTALS IN COUNTY ...	—	379	343	4151	38	281	59	16	—	7	52	1360	367	3	346	1197	1801	11675	—	330	2647	26
DEATHS, 1943—																						
Urban ...	—	21	?	1	3	13	15	?	?	?	—	537	82	?	?	531	21	11	—	—	—	—
Rural ...	—	5	?	2	—	3	3	?	?	?	—	116	26	?	?	155	1	7	—	—	—	—
County ...	—	26	?	3	3	16	18	?	?	?	—	653	108	?	?	686	22	18	—	—	—	—

Age.	Sex.	All Causes.	Typhoid and Paratyphoid Fevers.	Cerebro-spinal Fever	Scarlet Fever.	Whooping Cough.	Diphtheria.	Tuberculosis of Respiratory System.	Other forms of Tuberculosis	Syphilitic Diseases.	Influenza.	Measles.	Acute Poliomyelitis and Polioencephalitis	Acute Infectious Encephalitis	Cancer of Buccal Cavity and Oesophagus (M) & Uterus (F)	Cancer of Stomach and Duodenum.	Cancer of Breast	Cancer—all other sites	Diabetes.	Intercranial Vascular Lesions	Heart Disease.	Other Diseases of Circulatory System	Bronchitis.	Pneumonia	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum	Diarrhœa, under two years of age	Appendicitis.	Other Digestive Diseases.	Nephritis	Puerperal and Post-Abortive Sepsis	Other Maternal Causes	Premature Birth	Congenital Malformations, Birth Injury, Infant Disease	Suicide.	Road Traffic Accidents	Other Violent Causes	All Other Causes			
AGGREGATE URBAN DISTRICTS.	Under 1 year ...	M. 406	—	5	—	7	—	—	4	—	3	4	—	—	—	—	—	—	1	—	—	—	14	55	1	—	54	—	9	—	—	—	108	111	—	—	1	13	17		
	...	F. 264	—	1	—	6	—	—	3	1	3	2	—	—	—	—	—	—	—	—	—	5	35	—	—	35	—	3	3	—	—	—	83	68	—	—	—	9	8		
	1 year and under 5 years ...	M. 92	—	1	—	5	—	4	5	—	1	1	—	—	—	—	—	—	—	—	—	4	15	3	—	—	3	—	2	2	—	—	—	—	3	—	2	18	12		
	...	F. 64	—	—	—	3	—	1	15	—	5	2	—	—	—	—	—	—	—	—	—	—	10	—	—	—	1	—	1	2	2	—	—	—	—	—	1	9	9		
	5 years and under 15 years	M. 81	—	3	—	—	—	—	8	—	3	—	—	—	—	—	—	—	—	—	—	2	1	5	—	—	—	—	5	4	2	2	—	—	—	—	—	8	17	18	
	...	F. 61	—	1	—	—	—	—	2	—	1	2	—	—	—	—	—	—	—	—	—	3	2	3	—	—	—	—	4	2	2	—	—	—	—	—	—	10	13	11	
	15 years and under 45 years	M. 497	1	2	—	—	—	5	20	8	4	—	—	—	—	1	10	23	34	4	10	44	2	9	17	10	22	—	2	10	15	13	19	—	—	7	13	6	62	43	
	...	F. 626	2	2	—	—	—	139	14	6	15	—	—	—	1	32	66	2	30	7	13	57	8	8	27	16	—	—	7	19	17	—	—	3	13	9	40	69	—		
	45 years and under 65 years	M. 1553	—	—	—	—	—	166	14	22	46	—	—	—	2	58	43	92	227	6	111	308	42	121	66	38	58	—	—	8	26	44	—	—	2	17	9	64	101	—	
	...	F. 1201	—	2	—	—	—	1	132	3	11	28	—	—	2	75	87	2	172	19	154	219	29	27	38	24	10	—	10	32	32	—	—	—	3	19	5	34	88	—	
	65 years and over ...	M. 3158	—	—	—	—	—	32	1	22	69	—	—	—	1	75	87	2	342	16	338	1066	123	217	112	40	36	—	4	51	107	—	—	—	—	1	9	11	57	339	—
	...	F. 3640	—	—	—	—	—	14	2	7	102	—	—	—	2	57	90	95	281	44	554	1246	129	249	148	45	13	—	7	79	74	—	—	—	—	1	7	71	322	—	
All ages—Urban ...	M.	5,787	1	9	—	12	8	307	41	52	126	5	—	3	108	163	4	606	31	459	1420	168	366	270	92	116	57	21	101	168	—	—	108	124	39	41	231	530	—		
	F.	5,856	2	6	—	9	13	230	41	25	154	6	—	5	125	145	210	484	71	722	1523	166	294	261	85	23	36	28	137	125	13	19	83	77	33	19	176	507	—		
AGGREGATE RURAL DISTRICTS.	Under 1 year ...	M. 93	—	—	—	—	1	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	14	9	—	—	6	—	1	—	—	—	30	29	—	—	—	—	—	8	
	...	F. 77	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	9	1	—	8	—	—	—	—	—	—	23	23	—	—	—	3	5	—
	1 year and under 5 years ...	M. 27	—	—	—	—	—	—	3	—	4	1	—	—	—	—	—	—	—	—	—	—	2	8	—	—	—	—	—	—	—	—	—	—	2	2	—	—	—	2	2
	...	F. 21	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	5 years and under 15 years	M. 26	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	2	—	—	—	1	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	...	F. 16	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	15 years and under 45 years	M. 128	—	—	—	—	—	38	4	1	3	—	—	—	—	3	—	8	2	2	9	3	2	7	4	1	—	—	—	2	5	6	—	—	—	2	5	11	16	—	
	...	F. 142	—	1	—	—	—	29	8	1	4	—	—	—	—	6	—	6	1	5	8	2	3	7	7	4	1	—	—	2	9	8	—	—	—	4	1	2	15	—	
	45 years and under 65 years ...	M. 380	—	—	—	—	—	32	3	2	7	—	—	—	—	21	14	—	62	1	33	84	13	17	14	14	11	—	—	4	13	8	—	—	—	6	5	9	22	—	
	...	F. 335	—	1	—	—	2	8	1	1	10	—	—	—	—	16	32	25	50	3	47	65	7	8	10	1	—	—	3	13	11	—	1	—	—	3	3	7	26	—	
	65 years and over ...	M. 1,074	—	—	—	—	—	4	—	4	30	—	—	—	—	13	24	30	133	2	139	365	37	64	35	11	10	—	2	27	37	—	—	—	—	—	8	3	9	106	—
	...	F. 1,105	—	—	—	1	—	—	3	1	28	—	—	—	—	13	24	108	108	11	177	381	40	68	44	18	1	—	2	20	28	—	—	—	—	4	3	16	78	—	
All Ages—Rural ...	M.	1,728	—	1	1	—	1	75	12	7	45	2	—	—	22	46	—	205	5	174	458	53	83	80	28	22	6	11	50	51	—	—	—	30	32	16	14	37	160	—	
	F.	1,696	—	2	1	1	4	41	14	8	44	5	—	1	37	31	61	164	15	229	455	50	80	75	24	3	8	8	47	47	3	10	23	24	11	10	32	129	—		

